

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

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CITY CLERK'S OFFICE

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Michael, James, DeFilippi

3. Address (include post office box or street, city, state, zip code)

410 Euclid Ave #6

Miami Beach, FL 33139

4. Telephone

(305) 588-9469

5. E-mail address

Michael@mdrealitymiami.com

6. Office sought (include district, circuit, group number)

City Commission Group 4

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Michael DeFilippi

11. Mailing Address

410 Euclid Ave #6

12. Telephone

(305) 588-9469

13. City

Miami Beach

14. County

Miami-Dade

15. State

FL

16. Zip Code

33139

17. E-mail address

Michael@mdrealitymiami.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

555 Washington Ave suite A

21. City

Miami Beach

22. County

Miami

23. State

FL

24. Zip Code

33139

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

7/10/15

26. Signature of Candidate

X Michael DeFilippi

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Michael DeFilippi, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

7/10/15
Date

X Michael DeFilippi

Signature of Campaign Treasurer or Deputy Treasurer